

Message from the Chair

May 2009



Dear SICP Colleagues:

A recent article in my local newspaper that caught my attention reviewed a book entitled “Experts’ Guide to Doing Things Faster.” It evidently describes 100 ways to do things in our personal lives more efficiently. I pondered why so many of us seem to be so busy all the time, feeling like we are on an unending treadmill. The book contends that many of us struggle with personal efficiency issues because, “we are trying to fit 80 pounds of stuff into a 60-pound bag.” I guess it is all a matter of what we consider to be priorities in our personal lives.

What about our professional lives? I’m sure we’ve all noticed in our careers an increasing emphasis on doing more with less and on doing things faster. Many organizations seem to have undertaken a relentless pursuit of “efficiency.” Maximizing efficiency is a desirable and worthwhile goal. However, if we are not careful we can fall prey to losing ourselves in efficiency, treating it as an end in itself and not as a means to other ends. We must never lose sight of our ultimate goal, providing quality patient care.

Our market-based economy does provide a very effective mechanism for sustaining efficient organizations and eliminating inefficient ones. Modern management principles promote the idea that everything can be understood, predicted, and optimally managed in order to increase efficiency, thereby maximizing profit, performance, and productivity.

Many of our organizations have invested in technology to increase our efficiency. We have seen an increased utilization of pharmacy technicians, thereby freeing up pharmacists to do what we are hopefully really needed for. These have dramatically increased our efficiency as pharmacists and I would contend have also increased our professional satisfaction.

However, as pharmacists I think we do in some respects have targets on our backs. We are among the highest paid professionals in our health-care organizations. With this in mind, some administrators feel it makes business sense to use fewer pharmacists while at the same time requiring that we collectively produce more.

On the surface, this seems like a fair and just expectation. After all, many consider money to be the ultimate measure of productivity. Naturally, organizations want the most work with the least expenditure of money. Likewise, it’s natural for individuals to desire the most money for the least amount of time and work.

With this in mind, how do we accurately measure what a pharmacist can safely and effectively produce? I would argue that pharmacy leaders internal to an organization should be considered the authority on what staffing levels are necessary to provide the best care to our patients. However, I have noticed that this is often not the case.

There are many “expert” consultants external to our organizations that are more than willing to advise our administrators on how many pharmacy personnel are needed to optimally provide pharmacy services in our specific organizations. Surprisingly, in organizations I have been a part of, I have never seen an outside productivity consultant recommend that more pharmacists be deployed. This is hard to understand as many quality studies investigating the economic impact of clinical pharmacy services have shown a significant return on investment in reduced costs and better outcomes.

The use of what I consider to be flawed productivity benchmarks often puts added pressure on pharmacists as we try to operate at unreasonable staffing levels while trying to maintain quality outcomes. I feel these flawed benchmarks can potentially compromise patient safety. They definitely can reduce professional satisfaction.

We should all strive to optimize our efficiency and be good stewards of our limited resources. The use of productivity measurement systems can assist us in doing this, but we need to compare our operations with valid and relevant benchmark statistics. We must also never lose sight of the fact that there are definite limits to how efficient we can become and still take the necessary time required to think and to interact with patients.

I feel this issue represents a significant challenge to health-system pharmacy practice. I hope to work with other ASHP Sections to address what I consider to be the inappropriate use of pharmacy productivity benchmarks by external consultant groups.

Sincerely,

Randy Kuiper
Chair, Section of Inpatient Care Practitioners